

**Quality Assurance and Improvement Outcomes and Indicators**  
**Independent Support Coordination**  
**Organizational Review**

**Domain 1. Access and Eligibility**

**Outcome 1A: The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.**

Indicators	Results	Guidance	Comments
1.A.6. The provider has an understanding of how the person can appeal adverse decisions regarding services and participation in the HCBS waiver program and makes the written policy regarding appeal processes available as needed to persons served.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency maintains evidence that staff, individuals and their families are given information on applicable appeal policies.</p> <p>Provider Manual Reference: 3.11.a. 2)</p> <p>The ISC agency maintains current copies of the applicable appeal policies.</p> <p>The ISC agency appoints a designee who is familiar with the appeals process and assists individuals and families with questions and concerns.</p> <p>The ISC agency maintains evidence of efforts to assist in the appeals process.</p> <p>The ISC agency knows how to assist the individual with filing applicable appeals.</p> <p>The ISC agency educates families of children about services provided by the Early and Periodic Screening and Diagnostic Testing program.</p> <p>Provider Manual References: 2.17.; 2.16.d.</p>	

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1.A.7. ISCs report they are knowledgeable about available services, supports and funding mechanisms in the community.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	The ISC agency ensures the ISCs are knowledgeable about these areas of information.  Provider Manual References: 4.7.b. 1), 2); 4.7.d.	
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## Domain 2. Individual Planning and Implementation

### Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

Indicators	Results	Guidance	Comments
*2.A.3. Pre-planning activities are performed prior to the planning meeting.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency ensures pre-planning activities are completed by ISCs as required, including:</p> <ul style="list-style-type: none"> <li>▪ Providing information to the person and / or the person's legal representative about the planning process.</li> <li>▪ Completion of required preplanning activities including information gathering, identifying and requesting assessments, reviewing assessment information and recommendations, review of the previous year's ISP, developing and distributing a draft ISP, arranging the planning meeting.</li> <li>▪ Reviews of service recipient rights and responsibilities including appeal rights, right to choice of providers, Title VI, and complaint resolution procedures.</li> </ul> <p>Provider Manual Reference: 2.4.c.; 2.6.; 2.7.; 3.11.a.-c.; 4.8. 7); 10.1.; 10.3.a., b.; 11.2.e.; 11.15.; 12.9.a.; 12.12.; 13.8.; 13.10.a.; 14.2.d.; 14.3.b.; 14.5.d., e.; 15.2.; 15.3.e., f.; 15.4.; 15.5.</p>	
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.  Note: Issues related to the Risk Issues Identification Tool are addressed at Outcome 2.C..	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency implements a process to ensure information is gathered as a part of preplanning activities and recommendations or findings from current assessments can be seen or reflected in the ISP.</p> <p>Provider Manual Reference: 3.5.; 3.6.;</p>	

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		3.7.; 3.8.; 4.7.a; 4.12.; 10.1.; 10.3.; 10.3.a.; 11.5.a.; 12.3.b.; 12.3.d.; 13.9.a.; 13.12.b.; 14.3.d.; 14.5.h.; 15.3.f.-h.	
*2.A.5. The plan includes individualized supports and services to address the person's needs.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency implements a process to ensure ISC staff demonstrate competency when writing the plan. This includes review to ensure the ISP is complete, accurate, current and meets all DMRS requirements.</p> <p>Provider Manual Reference: 3.10.a., b.; 3.12.g.-i.; 3.19. 3.20.; 3.21.; 3.22.; 10.1.; 13.12.b.; 13.13.</p>	
*2.A.7. The ISC develops and distributes the initial plan and annual updates in a timely manner.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency implements a system to ensure the following:</p> <ul style="list-style-type: none"> <li>plans are dated correctly to show that they are developed and published on or before due dates for initial and annual ISPs;</li> <li>logs or other documentation kept by the ISC provider, the DMRS or others show that ISPs or annual updates are distributed within prescribed timeframes;</li> <li>recipients of ISPs report receiving their copies of plans on time;</li> <li>ISPs are amended when situations or changes in a person's life occur that would necessitate an amendment to the plan.</li> </ul> <p>Provider Manual Reference: 1.7.a.; 3.10.a., b.; 3.10.d., e.; 3.15., 3.19.; 3.20.; 3.21.; 3.22.; 4.7.e., 10.1.; 13.12.b.; 13.13.</p>	

**Outcome 2B. Services and supports are provided according to the person's plan.**

\*2.B.1. The ISC arranges for and coordinates needed services identified in the plan in a timely manner.

Y ☐  
 N ☐  
 NA ☐  
 IJ ☐

The ISC agency system of oversight ensures:

- Requests for services are submitted to the DMRS within prescribed timeframes. Request for services documentation (ISP amendments, etc.) is complete, accurate and submitted according to DMRS requirements.
- All services and supports described in the ISP are arranged and secured.
- Assistance is provided with identifying, locating and accessing providers of services and supports. Services and supports are arranged in a cost effective manner.
- The person's expenditures are monitored to ensure they do not exceed personal financial resources.
- Rights are reviewed as required.
- DMRS services that require consideration by, or denial by, third party funding sources (Medicare, TennCare, etc.) are sought before submitting the request for DMRS services.

Provider Manual Reference: 3.13.; 3.14.; 3.16.; 3.19.; 3.20.; 3.21.; 3.22.; 4.7.d.; 11.2.e.; 11.4.b.; 11.5.c.; 11.16.b.; 11.16.d.; 11.17.; 12.13.a., b.; 12.22.b.; 13.9.a.; 13.10.a.; 13.10.d.; 14.5.i.; 15.2.d.; 15.3.i.; 15.4.b.; 15.5.c.; 20.2.c.

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<p>*2.B.2. The person's plan is implemented in a timely manner.</p>	<p> <b>Y</b> <input type="checkbox"/>  <b>N</b> <input type="checkbox"/>  <b>NA</b> <input type="checkbox"/>  <b>IJ</b> <input type="checkbox"/> </p>	<p>The ISC agency system of oversight ensures services identified in an ISP are in place and being provided according to the plan.</p> <p>Services in the plan were put into place according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP) or the person was given the right to agree to, or to appeal the delay.</p> <p>The ISC agency ensures the Regional Office is informed of any and all instances where there is a proposed denial, reduction, termination, suspension, or delay in providing MR Waiver services.</p> <p>Provider Manual Reference: 3.10.d.; 4.7.d.; 4.7.e.; 4.7.f.; 4.7.h.</p>	
<p><b>Outcome 2C: Individual risk is assessed and adequate, timely intervention is provided.</b></p>			
Indicators	Results	Guidance	Comments
<p>*2.C.1. Individual risk (e.g., physical, behavioral) is assessed.</p>	<p> <b>Y</b> <input type="checkbox"/>  <b>N</b> <input type="checkbox"/>  <b>NA</b> <input type="checkbox"/>  <b>IJ</b> <input type="checkbox"/> </p>	<p>The provider develops and implements a system to ensure that the Risk Assessment Process, including RIITs, and RAPT, is completed.</p> <p>Provider Manual Reference: 3.9.; 3.11.a.5.</p>	
<p>*2.C.3. Provider staff are trained in risk management and demonstrate competence in risk identification and planning.</p>	<p> <b>Y</b> <input type="checkbox"/>  <b>N</b> <input type="checkbox"/>  <b>NA</b> <input type="checkbox"/>  <b>IJ</b> <input type="checkbox"/> </p>	<p>The ISC agency utilizes a process that assures its staff understand the risk assessment process and their responsibilities and have an understanding of potential risk factors and their implications for the people they support.</p>	

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		Provider Manual Reference: 3.9.b.; 4.4.b.	
<b>Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.</b>			
<b>Indicators</b>	<b>Results</b>	<b>Guidance</b>	<b>Comments</b>
*2.D.3. The ISC monitors implementation of the person's plan.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC provider oversight system ensures that ISCs are monitoring in accordance with DMRS requirements. Issues found from monitoring activities are reported to the provider management and DMRS.</p> <p>Provider Manual Reference: 4.1.; 4.2.</p>	

**Domain 3. Safety and Security****Outcome 3A: Where the person lives and works is safe.**

Indicators	Results	Guidance	Comments
*3.A.6. Providers resolve safety issues in a timely manner.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC provider oversight system ensures there is evidence that the ISC identifies, reports and monitors the person's situation related to safety issues. Issues are monitored to resolution.</p> <p>In the event of an immediate jeopardy issue, the ISC never leaves an environment until the person's safety is assured.</p> <p>Provider Manual Reference: 19.11.a. 2)</p>	

**Outcome 3B. The person has a sanitary and comfortable living arrangement.**

Indicators	Results	Guidance	Comments
3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and comfortable living environment.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency has a system in place to ensure the person's ISC routinely monitors the maintenance of a sanitary and comfortable living environment. Issues are monitored to resolution.</p> <p>Provider Manual Reference: 4.8.; 19.11.a. 2)</p>	



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## Outcome 3C. Safeguards are in place to protect the person from harm.

Indicators	Results	Guidance	Comments
3.C.4. The provider has developed and implemented protection from harm policies and procedures.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency develops and implements written protection from harm policies and procedures that are consistent with the DMRS provider manual.</p> <p>The ISC reviews each reportable incident form received and, as indicated, determines appropriate actions. e.g., meeting with the service recipient's planning team, revising the service recipient's ISP to be coordinated with the appropriate service provider(s).</p> <p>The ISC or designee attends any risk reviews.</p> <p>A staff person has been designated as Incident Management Coordinator and has received training approved by DMRS.</p> <p>A reportable incident form is filed for every incident that is witnessed or discovered.</p> <p>Completed reportable incident forms are stored securely and confidentially in an area separate from the person's record.</p> <p>Provider Manual Reference: 6.5.11.; 8.2.c.; 18.4.; 18.6.a.; 18.6.h. 6); 18.6.j. 1)</p>	
*3.C.6. Potential employees are screened to ensure that known abusers are not hired.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>ISC agency personnel records reflect that the provider has checked applicable abuse registries prior to employment.</p> <p>ISC agency personnel records reflect</p>	

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		<p>that the provider has completed adequate and timely background checks on all staff hired.</p> <p>The organization will be responsible for consulting the Abuse Registry, the Tennessee Sexual Offender Registry, the TN Felony Offender List and DMRS Substantiated Investigation Search Function prior to hiring employees or utilizing volunteers. The Nurse Aide Registry, Elder Abuse Registry and Abuse Registry are one and the same.</p> <p>The provider does not employ staff or volunteers who have direct contact with or direct responsibility for service recipients, any person who has been convicted of: misappropriation of funds, fraud, breach of fiduciary duty, neglect, child abuse, or an act involving physical harm to an individual. The agency must document the circumstances if they choose to hire someone with another felony.</p> <p>ISC agency personnel records reflect that employment applications were complete for all applicants hired and contain reference to their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DMRS Provider Agreement.</p> <p>All employees, personnel of the ISC agency's subcontractors and/or volunteers have in their personnel files a signed statement regarding their involvement in any case of substantiated abuse, neglect or exploitation (mistreatment), as per the current DMRS Provider Agreement.</p>	
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		<p>ISC agency personnel records reflect that ISCs have completed the required number of reference checks prior to employment. At a minimum, the agency shall communicate directly with the most recent employer and each employer identified by the applicant as having employed the applicant for more than six (6) months in the past five (5) years. The agency shall communicate directly with at least two (2) of the personal references identified by the applicant.</p> <p>Within or prior to ten (10) days of employment of such person, the agency shall submit the information required to be provided to the entity that will conduct the criminal background check.</p> <p>No individual listed on the Abuse Registry (State of Tennessee Nurse Aide Registry, Elder Abuse Registry, and Abuse Registry) is allowed to volunteer or to be employed to provide care to individuals receiving services.</p> <p>Provider Manual Reference: 5.5.a.1.; 5.5.c.4.; 6.3.b.4); 6.3.b.5); 6.3.c.; 6.3.d.; 6.3.f.1.; 6.3.f.2.; 8.14.a.</p>	
3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>There is evidence that staff have been designated to address complaint resolution issues.</p> <p>Provider Manual Reference: 18.3.</p>	
*3.C.10. The provider reports incidents as required by DMRS, including following timeframes and directing the report to the appropriate party.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The provider complies with protection from harm reporting as required by State law, DMRS requirements and any applicable court orders.</p> <p>Deaths are reported according to the DMRS Provider Manual.</p>	

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		Provider Manual Reference: 11.17.a.; Table 18.4., 18.4.; 18.6.h. 6)	
*3.C.11. The provider reviews all DMRS investigations and develops and implements planned corrective or preventive action.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Within ten (10) business days of receipt of the <i>DMRS Summary of Investigation Report</i>, the support coordination provider confirms that the summary has been shared with the service recipient and legal representative (support coordination providers and case managers have professional discretion to determine the best method of verification for individual cases, such as requesting written or verbal confirmation from the reporting provider or making direct contact with the service recipient and/or legal representative).</p> <p>Provider Manual Reference: 18.6.h.8.</p>	
*3.C.12. The provider reviews / investigates staff misconduct in accordance with approved guidelines and resolves them in a timely manner.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The provider has effective procedures for reviewing and investigating staff misconduct.</p> <p>Provider Manual Reference: 18.5.b.</p>	

## Domain 9. Provider Capabilities and Qualifications

### Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.

Indicators	Results	Guidance	Comments
*9.A.2. The provider complies with requirements in the provider agreement.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The ISC agency has a signed provider agreement that adequately reflects services provided which is effective during the course of the survey period.</p> <p>ISC agency staff at all levels of the organization have access to and are trained in accordance with ISC provider policies and procedures, e.g. via an employee handbook.</p> <p>The provider shall not subcontract without obtaining the prior written approval of the DMRS.</p> <p>The ISC agency maintains adequate public liability and other appropriate forms of insurance.</p> <p>Provider agencies report any suspected Medicaid fraud to DMRS and the Tennessee Bureau of Investigation, per the provider agreement.</p> <p>Provider Manual Reference: 5.5.a.; 5.8.; 5.10.; 6.9.; 7.1. Introduction</p>	

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<p>9.A.3. The provider maintains appropriate records relating to the person.</p>	<p> <b>Y</b> <input type="checkbox"/>  <b>N</b> <input type="checkbox"/>  <b>NA</b> <input type="checkbox"/>  <b>IJ</b> <input type="checkbox"/> </p>	<p>The provider complies with appropriate DMRS requirements related to service recipient records.</p> <p>Requirements applicable to all providers maintaining service recipient records include:</p> <ol style="list-style-type: none"> <li>1. Providers must implement written policies pertaining to records maintenance, including identification of the location of required components of the record and identification of staff responsible for records maintenance;</li> <li>2. All service recipient records must be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records;</li> <li>3. Records must be maintained by providers for a period of ten (10) years in accordance with the Department of Mental Health and Developmental Disabilities (DMHDD) licensure standards (TCA 33-4-102), whether or not the provider is licensed by DMHDD;</li> <li>4. Providers are to maintain original documents for the services provided by employed staff;</li> <li>5. Providers are to maintain copies of required documentation obtained from contracted staff and other providers;</li> <li>6. Records must be maintained by the provider in a manner that ensures that the records are accessible and retrievable within a reasonable time period;</li> <li>7. If records are maintained on an electronic system, the provider must implement a routine procedure for</li> </ol>	
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		<p>backup of files.</p> <p>Documentation is legible.</p> <p>Abbreviations are spelled out when first used.</p> <p>Provider Manual Reference: Chapter 8.</p>	
<p>*9.A.5. The provider has an effective self-assessment process to monitor the quality and effectiveness of the supports and services that are provided.</p>	<p><b>Y</b> <input type="checkbox"/></p> <p><b>N</b> <input type="checkbox"/></p> <p><b>NA</b> <input type="checkbox"/></p> <p><b>IJ</b> <input type="checkbox"/></p>	<p>The provider's self-assessment process includes examination of the trends related to at least the following:</p> <ol style="list-style-type: none"> <li>1. Monthly reviews to determine staff performance in assisting service recipients to complete action steps and / or progress toward outcomes;</li> <li>2. Review of processes for updating service recipient records in a timely manner;</li> <li>3. Review of trends related to service recipient and family satisfaction with services provided;</li> <li>4. Review of incident trends, including those related to medication variances and other health and safety factors;</li> <li>5. Review of external monitoring reports for the previous twelve (12) month period;</li> <li>6. Review of any sanctions imposed during the previous twelve (12) month period;</li> <li>7. Review of personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover;</li> <li>8. Review of processes intended to ensure timely access to health-related intervention, such a health care appointments and follow-up activities;</li> <li>9. Review of trends related to risk reviews;</li> </ol>	

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		<p>10. Review of current policies including success in implementing policies/plans and the degree to which policies / plans ensured compliance with program requirements;</p> <p>11. Application of the current DMRS Quality Assurance Survey Tool to a sample of service recipients.</p> <p>The provider implements its self-assessment activities as written.</p> <p>The provider evaluates its self-assessment process periodically throughout the year to monitor its effectiveness.</p> <p>The results of the internal self-assessment are made available in an understandable fashion and communicated timely to consumers, staff, the governing body, and others upon request.</p> <p>Provider Manual Reference: 6.6.c.</p>	
<p>*9.A.6. The provider reviews and utilizes information obtained from self-assessment activities to develop and implement an internal quality improvement process to improve supports and services.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The provider develops a written Quality Improvement Plan (QIP) to address the findings of all self-assessment activities. The Internal Quality Improvement Plan specifies the provider's plans for systemic improvement of identified issues and concerns and includes:</p> <ol style="list-style-type: none"> <li>1. Analysis of the cause of any serious issues/problems identified (serious issues/problems are those that impact multiple service recipients or those that have health and safety consequences requiring medical treatment of one or more service</li> </ol>	



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		<p>recipients);</p> <ol style="list-style-type: none"> <li>2. Development of observable / measurable quality outcomes related to resolving the causal factors;</li> <li>3. Establishment of reasonable timeframes for implementation of quality initiatives;</li> <li>4. Assignment of staff responsible for completion of actions and achievement of quality outcomes; and</li> <li>5. Modification of policies, procedures (potentially including the quality improvement plan) to prevent recurrence of issues / problems that were resolved.</li> </ol> <p>When problems are identified, the Quality Improvement Plan is reviewed and revised to ensure for timely correction / resolution of the problem / issues.</p> <p>Provider staff at all levels of the organization have access to the Quality Improvement Plan and are aware at least of its basic components.</p> <p>There is evidence that the provider Quality Improvement Plan has been implemented at all levels of the organization.</p> <p>The provider utilizes information gained from the internal self-assessment process to implement change to the system of service provision.</p> <p>Provider Manual Reference: 6.6.d.; 6.6.e.; 6.6.f.</p>	
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**Outcome 9B. Provider staff are trained and meet job specific qualifications.**

Indicators	Results	Guidance	Comments
*9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>The provider has a training process / plan that ensures that all employed and subcontracted staff and volunteers are trained in accordance with DMRS training requirements.</p> <p>Support Coordination training is expected to be obtained within ninety (90) calendar days of employment. Until certification is achieved, the support coordinator must have continuous access to the support, guidance and advice of the mentoring support coordinator. The ISC's do not work alone prior to successfully completing certification.</p> <p>The ISC agency maintains documentation in personnel files to support that all staff participated in and demonstrated competency for all DMRS required training programs.</p> <p>The ISC agency assesses the effectiveness of training programs provided by provider-employed trainers in terms of staff competency testing scores and retention/ application of information presented in the support coordination environment.</p> <p>Provider Manual Reference: 4.4.b.; 4.4.c.; 7.4.e.</p>	

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<p>*9.B.3. Provider staff meet job-specific qualifications in accordance with the provider agreement.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>The ISC agency has established written job-specific qualifications for staff at all levels of the organization.</p> <p>The ISC agency ensures that staff considered for employment are qualified based on DMRS general requirements.</p> <p>The ISC agency personnel records reflect that the provider has confirmed prior work experience, if needed, in accordance with the job qualifications.</p> <p>Provider Manual Reference: 4.4.a.; 6.3.a.; 6.3.b.;8.14.</p>	
<p><b>Outcome 9C. Provider staff are adequately supported.</b></p>			
Indicators	Results	Guidance	Comments
<p>9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>The ISC agency assesses and addresses ISC's' support needs.</p>	
<p>*9.C.2. Provider staff receive ongoing supervision consistent with their job function.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>The ISC agency has written policies and procedures related to staff performance evaluation.</p> <p>If the agency uses subcontractors to provide direct services, its procedures include a mechanism for ensuring that subcontractor staff are supervised at the same level as agency-employed staff, according to an approved supervision plan.</p> <p>Supervisory staff monitor ISC caseloads and ensure they are in compliance with the DMRS provider manual.</p>	

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		<p>The ISC provider's supervision plan discusses at least:</p> <ol style="list-style-type: none"> <li>1. Ensuring that staff understand their job duties and performance expectations;</li> <li>2. Ensuring that staff acquire the knowledge and skills needed to complete job duties and meet performance expectations;</li> <li>3. Monitoring staff performance to ensure that performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling, and/or appropriate disciplinary action.</li> </ol> <p>The provider has implemented the supervision plan as written.</p> <p>The provider has a mechanism for evaluating the effectiveness of the supervision plan and for making revisions to improve effectiveness as necessary.</p> <p>Provider Manual Reference: 4.4.b.</p>	
<b>Outcome 9D. Organizations receive guidance from a representative board of directors or a community advisory board.</b>			
Indicators	Results	Guidance	Comments
9.D.1. The composition of the board of directors or community advisory board reflects the diversity of the community that the organization serves and is representative of the people served.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<p>Not-for-profit providers with out of state boards must have advisory groups composed of Tennessee residents. For-profit providers are required to have a local advisory group. Boards and advisory groups will be composed of individuals representing different community interest groups, including persons with disabilities and or family members of people with disabilities.</p> <p>Provider Manual Reference: 6.7.a.</p>	

## ISC Organizational Review Checklist

<p>9.D.2. The members of the board of directors or community advisory board receive orientation and training sufficient to effectively discharge their duties.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>Within 90 days of appointment, new members of the board are provided orientation regarding the duties and responsibilities of board members. Orientation will also include an introduction to the organization, the services it provides, an overview of its purpose, mission statement and goals and objectives.</p> <p>Provider Reference:  for profit- 6.7.b. 8);  non-profit- 6.7.a. 9), 10)</p>	
<p>9.D.3. The board of directors or community advisory board provides active, effective and ethical guidance for the organization.</p>	<p>Y <input type="checkbox"/>  N <input type="checkbox"/>  NA <input type="checkbox"/>  IJ <input type="checkbox"/></p>	<p>There are provisions guarding against the development of a conflict of interest between an individual board member and the organization.</p> <p>The board meets with a frequency sufficient to discharge their duties effectively, but at least quarterly.</p> <p>The board will review and, as necessary, approve, the organization's governing documents, by-laws, policies, quality assurance surveys, and internal quality improvement plan and self-assessments on a regular basis. Financial statements are reviewed by the board quarterly.</p> <p>The board employs a chief executive officer and delegates responsibility and authority.</p> <p>Provider Manual Reference: 6.7.a.; 6.7.b.</p>	

**Domain 10. Administrative Authority and Financial Accountability****Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.**

Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DMRS requirements.	<b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>NA</b> <input type="checkbox"/> <b>IJ</b> <input type="checkbox"/>	<u>The provider's system of internal financial controls provides for appropriate use of funds and documentation of such.</u>  <u>Review of documents and billing.</u>  Provider Manual Reference: 4.7.g.; 20.6.	